

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

THE INFORMATION ENTERED ON THIS FORM IS A RECORD OF SCREENING RESULTS AND IS NOT TO BE USED FOR DIAGNOSTIC PURPOSES.

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**SWEEP-CHECK SCREENING**

1. Instruct and condition each child appropriately for age/grade.
2. Screen 3 frequencies @ 25 dB HL; begin screening @ 1000 Hz.
3. Identify responses with a "+"; identifying no response with a "-".
4. Sequence of tone presentations is numbered 1-3 below.

|              | EAR | 1<br>1000Hz | 2<br>2000Hz | 3<br>4000Hz | RESULTS                        |
|--------------|-----|-------------|-------------|-------------|--------------------------------|
| First Screen | R   |             |             |             | ____ Pass                      |
| Date:        | L   |             |             |             | ____ Rescreen<br>w/Sweep Check |

COMMENTS: \_\_\_\_\_

Screener: \_\_\_\_\_

Children failing to respond to ONE (of the three) frequencies in **EITHER EAR** should be re-screened with another Sweep-Check within 3 to 4 weeks. (Signs or symptoms alone would be sufficient for referral.) Failure of ONE frequency in either ear on the second sweep check screen requires a referral or **Extended Recheck**. If a failure of one frequency occurs when performing the extended recheck, a referral is required.

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|               | EAR | 1<br>1000Hz | 2<br>2000Hz | 3<br>4000Hz | RESULTS   |
|---------------|-----|-------------|-------------|-------------|-----------|
| Second Screen | R   |             |             |             | ____ Pass |
| Date:         | L   |             |             |             | ____ Fail |

COMMENTS: \_\_\_\_\_

Screener: \_\_\_\_\_

**EXTENDED RECHECK RESULTS**

For each of the three frequencies listed, record the lowest level in decibels (dB) at which the child responds. Record the findings for both the right and left ears. A child should be referred to an appropriately licensed professional if any one of the three frequencies are recorded as greater than 25 dB HL in either ear.

|       | EAR | 1<br>1000Hz | 2<br>2000Hz | 3<br>4000Hz | RESULTS   |
|-------|-----|-------------|-------------|-------------|-----------|
| Date: | R   | dB          | dB          | dB          | ____ Pass |
|       | L   | dB          | dB          | dB          | ____ Fail |

COMMENTS: \_\_\_\_\_

Screener: \_\_\_\_\_